

2014 TELEMEDICINE TASK FORCE CLINICAL ADVISORY GROUP

The Telemedicine Task Force Clinical Advisory Group has identified five future innovative telehealth use cases. The following table outlines the use cases and includes discussion items regarding clinical applications of the use cases and considerations.

Future Innovative Telehealth Use Case	Clinical Applications	Considerations
Telehealth for the mobile environment to include Inter-Hospital transport of critically ill patients with physician virtual presence or acute support for the first responders on the scene	 Assessment of disposition of patient on site (use cases 1 and 3) Scheduling a health care provider to be available for consultations (use cases 1, 3 and 4) 	 Identify appropriate clinical applications for technology devices (use cases 1 and 2) Care provider networks for real-time availability, such as stroke and pediatric
2. Public health screening, monitoring and documentation with immediate information exchange, Primary Care Providers, and/or referral specialists	 Equip patients with appropriate remote monitoring capabilities (use cases 2, 3, 4, and 5) Disease surveillance, program tracking, and predicting epidemics 	 emergencies (use cases 1 and 3) Inconsistencies of connectivity, including latency, dropouts, or complete loss of connectivity in certain geographic regions of Maryland
Telehealth in schools for asthma management, diabetes, childhood obesity	 (use case 2 and 5) Preventative care screenings (i.e. oral health, vision, allergies, etc) (use case 2, 3, 4, and 5) 	 (use cases 1, 3, and 4) Transmission and storage of images and other relevant clinical information (use cases 1, 2, and 4)
Telemonitoring for both routine and high- risk pregnancies.		Ensuring telehealth services are reimbursable and investment in durable equipment compensated
5. Widespread deployment of medical kiosks that are connected to health care professionals and the statewide health information exchange		 (use cases 2 and 4) Incorporate existing parallel programs (use cases 1, 2, 4 and 5)

^{*} Contents extracted from Dr. Reynolds vision documents dated April 28, 2014; this document is intended for discussion, additional clinical service applications will be included in the legislative report.